V. S. No. 1

B

PHYSI-

	PLACE OF DEATH County Toward Wear and	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 190	
	Village or City Charles (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Marield Wildle Wildle OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) 7 (Dsy)//93/(Year)	
	6 DATE OF BIRTH Opul 30th, 1858 (Month) (Day) (Year)	that I last saw hairalive on 1921.	
	7 AGE 7 3 yrs. / mos. 3 ds. or min.?		
1	(a) Trade, profession or particular kind of work (b) General nature of industry	Haemorhags with Hemiplegia	
	business, or establishment in which employed or (employer)	(Ducation) yrs. mos 2 de.	
	9 BIRTHPLACE (State or country) W. Va.	Contributory Secondary 2 9 7 ds.	
•	10 NAME OF PATHER ? Avula.	(Signed) Manh Shey, M.D. 6/2 31. 192 (Address) Saways, W.	
	OF FATHER (State or country) 12 MAIDEN NAME (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Mesns of injury and (2) Whether Accidental, Suicidal or Homicidal.	
	of Mother Unknown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-	
	13 BIRTHPLACE OF MOTHER (State or country)	ients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,	
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?	
	(Informant) Raymond and (Address) Elbridge, Ud. B.75:	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
	15 Filed fore 2 1812 Bird William	Land + Stiffer. Ellings, lul	
	If more blanke are needed, address State Registra	r, 16 W. Baratoga St. Balto., Requesting V. S. No. 1.	

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, en at home, who are engaged in the duties of the er," etc., cases, especially in industrial employments, it is neces-Civil engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enployed, as At school, or At home. Care should be taken laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) nature of the business or industry, and therefore an Physician, tion applies to each and every person, irrespective of first line will be sufficient, e.g., Farmer or Planter, Foreman, or At Home, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, (b) Grocery; eman, (b) Automobile factory. The material without more precise specification as Day Compositor, For persons who have no occupation Stationary fireman, etc. But in many and children, not gainfully em-Architect, Locomolive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved by (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important State cause for which surgical operation was undercausing death), 29 ds.; L Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need Chronic interstitial Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menperitonaeum, etc., Careinoma, Sarcoma, etc., ol FOR VIOLENT DEATHS state MEANS OF INJURY Never report mere symptoms or terminal condi-Committee on nephritis, Chronic Example: Measles (disease chopneumonia (secondary), etc. valvular heart Nomenclature The contributory "Haemorrhage, disease; not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

3 SEX

7 AGE

6 DATE OF BIRTH

OCCUPATION

9 BIRTHPLACE (State or country)

ENT

AR

10 NAME OF

OF FATHER
(State or country)
12 MAIDEN NAME

OF MOTHER

(a) Trade, profession or

which employed or (employer)

PERSONAL AND STATISTICAL PARTICULARS

(Month)

MARRIED. WIDOWED. OR DIVORCED

(Day)

IIILESS than

I day hrs.

(Write the word

4 COLOR OR RACE | 5 SINGLE.

PLACE OF DEATH

07122

STATE OF MARYLAND ** CERTIFICATE OF DEATH

82-0

Registration Dist. No.

St.: Ward) (If death occurred in a hospit d or institution, give its NAME is stead of street and number.)

June 24 , 1931
(Month) (Day) (Year)
June 1 1951 . co June 24 , 1929
that I last saw have alive on frence 21, 193/
and that death occurred on the date stated above, at alous 110mm The CAUSE OF DEATH 1 was as follows: Circleral Humanla Je
(Duration) yrs mos ds Contributory Infus mutus of hye Secondary
(Signed) & Wichol M. D. Jum 25-1981 (Address) Clarkerelle M.
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place In the of death yrs
Where was disease contracted, if not at place of death?
Former or usual residence
DATE OF BURIAL OR REMOVAL DATE OF BURIAL
20 UNDERTAKER ADDRESS Ell attit. MI

MEDICAL CERTIFICATE OF DEATH

V. S. No.

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (re-tired 6 yrs. For persons who have no occupation state occupation at begin in rofillies. definite salary, may be entered as Housewife Housework, or At Home, and children, not gainfully employed, as At school, or At house. Care should be taken Spinner, 'b) Cotton additional line is provided for the latter statement; it sary to know Ciril engineer. tion applies to cach and every yerson, irrespective of Statement of Occupation Precie statement of ocguged in domestic service for wages, as Scrud, Coul, Housemaid etc. If the occupation has been changed er," etc. (a) Foreman, (b) Automobile factory. The material worked on may ferm part of the second statement. Never return "Laborer," "Foreman," "Alamager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmar or Planter, whatever write None. or given up on account of the DISEA: E CAUSING DEATH, to report specifically the occupations of persons enhousehold only uset juid Houseless re who receive a en at home, who are engaged in the duties of the laborer, For man Farm lebover Leimer without more precise specification as Com, arilor, Architec. various pursuits can be known. Stationary firemen, etc. But in many (a) the kind of work and also (b) the occupations a single word or term on (oul mine, etc. V. examples: (a) If retired from The ques-(rocery; Wom-Day

Typhoid fever (the only definite syronym in "To demin cyrebroed term for the same in e se. Example s. Corbrospinal EASE CAL ING DEATH The June 13 at ection with respect Statement of Cause of Death -Name, first, the Distime and causation proumonia, Brond por using alway the ame accept-.Pneumonia, Pheamonia")

> as tracture of skut, and consequences e.g., sepses, telumus) may be stated under the bead of "contributory." can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Puerperal septicacnia," "Puerperal perionitis," etc. "Debility" ("Congenital," "Senile," etc., "Drepsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. inges, parilonaeum, etc., Carcinoma, Sarcoma, etc., of name origin: "Cancer" is less definite; avoid (Recommendations on statement of cause of as fracture of skull, and consequences e.g., carbolic acid providy suicide. The n ture of the injury, causing death, 29 ds.; Bronchopneumonia (secondary), (secondar; or intercurrent affection need not be Chronic interstitual n phritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite; Tuberculosis of lungs, menapproved accident: Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for waich surgical operation was under-Whooping cough; American Medical Association. Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condiby Committee on Chronic Example: Meusles (disease etc. ralvular Esart disease; Nomenclature The contributory etc., "Drepsy, Measles ;

answered in detail, it will prevent further correspondence. All the data is e-contal and must be obtained heliomed. data is e ent al permanently filed.



V. S. No. 1

W

PLACE OF DEATH County Downard,	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Natursville (No	St.: Ward) St.: w
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MESMED WIDOWED. Male Hite (Write the word)	16 DATE OF DEATH June = 8 = , 195/ (Month) (Day) (Year)
6 DATE OF BIRTH DZC, = 24 =, 186/. (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE 69 yrs. 5 mos. 14 ds. or min	and that death occurred on the date stated above, at 30 Pm. 8. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or farmed particular kind of work (b) General nature of industry business, or establishment in	Myocardita aler, Interstitus Nephr (Duretion) 3 yrs. mos. d
which employed or (employer) 9 BIRTHPLACE (State or country) Maryland,	Contributory Secondary (Duration) yrs. 2 mos. d
10 NAME OF William Devoull,	(Signed) Starley Frabill M. J. (Address) Mirairy, My
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, To deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country) Many Gand	At place of deathyrsmosds. In the Stateyrsmosd
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or usual residence
(Address) Matersville med,	Jennings Chapel Centy June 10 7 1931
Filedynds 19 1923/ M Market	LO UNDERTAKER HALLS Histofield ml.
If more branks are needed, address State Registr	ar, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it Physician, Compositor, Architect, Locomotive engineer, Civil ongineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the the first line will be sufficient, e. g., Farmer or Planter, For many Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day For persons who have no occupation occupations a single word or term on neces-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid Jever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

approved by Committee on Nomenclature telanus) may he stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury. Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The contributory

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PLACE OF DEATH County Howard	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City States (No	Registration Dist. No. 95 St.: Ward) (If death occurred a hospital or instit tion, give its NAME i steed of street as number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED (Write the word) 5 DATE OF BIRTH	16 DATE OF DEATH 6 , 1933 (Month) (Day) (Year)
S DATE OF BIRTH OCT (Month) (Day) (Year)	that I last saw halive on 1927.
7 AGE 6 2 8 mos. de. or min.?	
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) (Address) (Signed) (Signed) (Address)
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yes mos ds. Where was disease contracted,
(Informant) Char Geen (Address) Matterloo Mf. 15 Filed 6 18 31-192 March Shipley	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL 20 WAYDERTAKER ADDRESS
Registrar (15 W. Sarroga St., Belto, Requesting V. S. No. 1.

MARGIN RESERVED FOR BINDING

(Approved by U. S. Census and American Public Health Association.)

er," etc., William laborer, Laborer-Spinner, (b) Cotton mill; (a) Salesman, (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. As examples: (a additional line is provided for the latter statement; i sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fremon, etc. But in many Physician, Compositor, Architect, Locomolive engineer, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the especially in industrial employments, it is neces-For many occupations a without more precise specification as Day single word or term on -Coal minc, etc. Wommateria. Grocery;

Statement of Cause of Death—Name, first, the DISL EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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PLACE OF DEATH County Howard	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 191
Village or City Ellicott (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH aug 26, 1844	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE (Month) (Day) (Year) 1 day hrs. or min.?	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Chrone Myse addis
which employed or (employer) 9 BIRTHPLACE (State or country) MA .	Contributory Secondary (Duration) yrs. mos. ds.
10 NAME OF FATHER aleb Walkins. 11 BIRTHPLACE OF FATHER (State or country)	(Signed) M. D. *State the Disease Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER OF MOTHER	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the State Wissenson ds. State Wissenson ds.
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of deathyrsds. Stateyrsds. Where was disease contracted, if not at place of death?
(Informant) This Samuel Yates In (Address) Elicitt City ma	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL ON DATE OF BURIAL Pine Grove Cennetury James 17, 1931
Filed Jame 16 19231 WTA Frissell Registrar If more branks are needed, address State Registrar	20 UNDERTAKER Mary Poltary Control of the state of the

(Approved by U. S. Census and American Public Health Association.)

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EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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stinal medingities; Bigade and the of "Croup");
Typhoid fewer in very part to mid Pneumonia"; ferce (the only definite symm, in . "Didemi cerebroto time and causation, using always the same accept-ed term for the same distribution and the same plant Statement of Cause of Death Name, first, the Dis-CAL MNG DEATH The primary affection with respect T. keumoma, RECEIVED

> atic), "Atrophy." "Collapse, "Collapse, "Debility" ("Congenital," "Senile," etc., "Drcpsy," "E:haustion," "Heart failure," "Haemorrhage," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease as fracture of skull, and consequences (e.g., sepsis, tetanus may be stated under the head of "contributory." American Medical Association.)
>
> If this certificate is looked over thoroughly and all questions approved by (Recommendations on latenent of cause of death curbolic acid—probably suride. accident; Resolver wound of head-homicide: Poisoned by or as probably such, if impossible to determine definitely. and quilify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was diseases resulting from childbirth or miscarriage as "PUERPERAL septicularia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Branchopneumonia (secondary), stated unless important. (secondar, or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Examples: Accid atal drowning; Struck by railway trainunqualified, is indefinite; Tuberculosis of lungs, men-Chronic interstitial Whooping FOR YI LENT DEATHS STATE MEANS OF INJURY Never report mere symptoms or terminal condicough; Committee on Nomenclature of the Example: Measles (disease The n .ture of the injury, etc. relivular heart disease; The contributory a." "Convulsions," Mousles; under-

permanently filed. answered in detail, it will prevent further correspondence. All t data is percential and must be obtained before the certificate

BINDING

FOR

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, should be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook; to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. Foreman, or At Home, and children, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material If the occupation has been changed Locomotive engineer, not gainfully em-Wom-

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros" in al meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

approved by Committee on Nomenclature (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." American Medical Association.) diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (c. g., sepsis, earbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. causing death), 29 ds.; L. (secondary or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronie chopneumonia (secondary), affection need etc. The contributory valvular heart Always quelify all Measles ; disease; not be death

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

F) A

STATE OF MAR PLACE OF DEATH Registration Dist. tated EXACTI roperly classi certificate. Ward) a hospital or Institution, give Its NAME in stend of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, 4 COLOR OR RACE 16 DATE OF DEATH 3 SEX MARRIED. WIDOWED. may be n back OR DIVORCED (Month)(Day) (Write the word) BINDI I HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH truction that I last saw h malive on a (Month) (Day) (Year) and that death occurred on the date stated above, at [If LESS than 7 AGE 1 day hrs. The CAUSE OF DEATH * was as follows: RESERVED or min.? OCCUPATION (a) Trade, profession or particular kind of work. pial (b) General nature of industry busineas, or establishment in (Durstion) 2 which employed or (employer) Secondary MARGIN BIRTHPLACE (State or country) 00 (Duration) D W 10 NAME OF FATHER (Address) O 11 BIRTHPLACE o il *State the Discase Causing Death, or, in deaths from OF FATHER Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. のス (State or country) DAU OF 12 MAILEN NAME 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-D. OF MOTHER PA ients or Recent Residents) 90 0.0 13 BIRTHPLACE In the At place OF MOTHER of deathyrs.......mos..... State. OB (State or Country) Where was disesse contracted, 00 it not at place of dea h?. item of s should of Former or usual res.dence >2 0 If more b.anks are needed, addre.s State Registrar, 16 W. Saratoga St., Batto., Lequesting V. S. I.o. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Wom-Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (rcor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Never return "Laborer," "For man," "Manager," "Deal-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation As examples: (a)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopzeumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as State cause for which surgical operation was undertaken. "PUERPERAL septicaemia," "PUERPERAL perilonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E.haustion," "Heart failure," "Haemorrhage," st_ted unless important. unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely. can be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease "E.haustion," "Heart failure," "Haemorrnage, "Inanition," "Marasmus," "Old Age," "Shock, causing death), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the tctanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJULY Measles ;

If this certificate is looked over thoroughly and a'l qu-stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			: 1

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	A.	STATE OF MARYLAND	CERTIFICATE OF DEATH 07130
	state UPA.	A. PLACE OF DEATH	159
1	SES /	County Howard	Registration Dist. No. (7.5
	should of OCC	Village or City Transport	No. Of 70 St., Ward
	= 0	Length of residence in city or town where death occurredwrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrsmos,ds.
	CORD. Every PHYSICIANS ict statement	2. FULL NAME Baby Girl Street	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1	ICI Iten	xp//2 0	CA Ward
	CORD PHYS et sta	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
	RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
27	£3.	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) June 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) 193 (Year)
ž	NED C T I	5a. If married, widowed, or divorced HUSBAND of	22. / HEREBY CERTIFY. That Lattended deceased from
BIND	RMAN X A C classifi	(or) WIFE of	6/2/,1931,10 6/2/ 1931
BIL		6. DATE OF BIRTH (month, day, and year) 6 /2 / 3/	Hast saw here alive on 6/2//, 13/; death is said
	IS A PE stated E properly ertificate	7. AGE Years Months Days If LESS than 1 day Control of the second of the	to have occurred on the date stated above, at
FOR	IS A I stated properl ertifica	or min.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
110	S e s	8. Trade, profession, or particular kind of work done, as SPINNER,	Turraly & Buth
VED	H d d o	SAWYER, BDDKKEEPER, etc. 9. Industry or business in which	6 Uno Felis 6/21/3
R	fould may back	work was done, as SILK MILL, SAW MILL, BANK, etc	
RESER	N THE I	10. Date deceased last worked at this occupation (month and spant in this	
RE		year) occupation	Dther Contributory Causes of importance:
	NFADING pplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town)	piner countries y curve of importance.
ARGIN	ed.	(State or country)	
AR	Pppli pppli ern ins	13. NAME Jerbuf Strut	
M	sul sul	14. BIRTHPLACE (city or town)	Name of operation Date of
	rigid .	Call Country)	What test confirmed diagnosis?
	WITF efully in pla ant.	I 15. MAIDEN NAME / CENT / WILLY	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
	INLY, W be carefu EATH in important	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
	INI be EAT	(State or country)	Where did injury occur?
	Y DE Y	17. INFORMANT / July Sum 1. (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	shou E OF	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	on S SE N is	Place Oate 19	Nature of injury
	-WRITE mation s CAUSE TION is	19. UNDERTAKER LUNG	24. Was disease or injury in any way related to occupation of deceased?
No.		(Addiess)	If so, specify
50	B	20. FILED 6 121736 Trankshipley	(Signed) De Warrey M. I
>	x ()	Registrar.	(Address) Jawell Md
	-	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Exa	imple I	ED	Example II	
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Cerebral hemorrhage	BUREAU	July 5, 1927	Peritonitis	3 days ago
	1			
Other contributory causes o	f importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	1931
PLACE OF DEATH	STATE OF MARYLAND
County Howard Co.	1893 CERTIFICATE OF DEATH
County C	(1)
Abune 20	Registration Dist. No.
Village or City (No.	St.: Ward) (If death occurred in a hospital or institution in the state of the stat
2FILL NAME John In Terlie	tion, give its NAME is stead of street an number.)
TOTAL NAME OF THE PARTY OF THE	***************************************
	MEDICAL CERTIFICATE OF DEATH
MARRIED, MARRIED	16 DATE OF DEATH WILL 26 -, 1923
Malo Delle OR DIVORCED	
6 DATE OF BIRTH	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
Weld 10 1893	
(Month) (Day) (Year)	that I last saw halive on, 192
7 AGE [If LESS than	and that death occurred on the date stated above, at
110 11 1 dayhrs.	The CAUSE OF DEATH * was as follows:
	/Succes 2
(a) Trade, profession or	ay naugay.
(b) General nature of industry Tarely Harver	The state of the s
business, or establishment in	(Durstion) yrs mos do
	Contributory
(State or country) Mel	Secondary (Durstion) was 2 mos de
10 NAME OF	(Signed) Hank Etupley M. E
forth to-catter	6/26/30/2. (Address) Savage Jul
7-1-1	
ш	*State the Disease Causing Death, or, in deaths from Volent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Clinice Cleckone	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE	ients or Recent Reaidents) At place In the
(State or Country)	of deathyrsds. Stateyrsds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of des.h?
acon Odward Telleller	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Javage Mid.	Lavors Cemetery 6/28/301.
15 Fil. 6 /26/3/102 Hawh Shipley	20 UNDERTAKER
Registrar	he loyd lauser famellus
If more blanks are needed, address State Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
	Village or City Savage (No. 2FULL NAME JOHN M. John M

(Approved by U. S. Census and American Public Health Association.)

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> as fracture of skull, and consequences (e. g., sepsis, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Enhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, approved by Committee on American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic affection need not be etc. The contributory valvular heart Nomenclature Measles; disease ;

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.